Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

## Filing at a Glance

Company: Mutual of America Life Insurance Company

Product Name: IND-ANN-APP-2008(AR) and SERFF Tr Num: MALI-125746708 State: ArkansasLH

IRA-APP-2008(AR)

TOI: A02.1I Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 39884

Variable and Variable

Sub-TOI: A02.1I.002 Flexible Premium Co Tr Num: IND-ANN-APP- State Status: Approved-Closed

2008(AR)

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: James Dolan Disposition Date: 08/12/2008

Date Submitted: 08/08/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR) Status of Filing in Domicile: Pending

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Date Approved in Domicile:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Annuity (Non-IRA) Application Form IND-ANN-APP-2008(AR)

IRA Application Form IRA-APP-2008(AR)

To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of

SERFF Tracking Number: MALI-125746708 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

Arkansas.

We are filing the above captioned application forms for approval in your state. These forms are being filed on a general basis and, when approved, will be used in place of the forms set forth below.

Form IND-ANN-APP-2008(AR) will be used as the application form for non-IRA individual variable annuity contracts offered by the Company. It will replace currently approved application form IND-ANN-APP-2005(AR) (approved by your Department on 06/07/2005).

Form IRA-APP-2008(AR) will be used as the application form for all Individual Retirement Annuity (IRA) products offered by the Company. It will replace currently approved application form IRA-APP-2003(AR) (approved by your Department on 09/22/2003).

The above captioned application forms differ from the forms they replace in that they were streamlined in order to create additional space to accommodate future changes in the available investment funds and future state mandated notices on the applications.

## **Company and Contact**

#### **Filing Contact Information**

James Dolan, jim.dolan@mutualofamerica.com

320 Park Avenue (212) 224-1125 [Phone] New York, NY 10022 (212) 224-2507[FAX]

**Filing Company Information** 

Mutual of America Life Insurance Company CoCode: 88668 State of Domicile: New York

320 Park Ave Group Code: Company Type:
New York, NY 10022 Group Name: State ID Number:

(212) 224-1600 ext. 1520[Phone] FEIN Number: 13-1614399

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## Filing Fees

SERFF Tracking Number: MALI-125746708 State: Arkansas

Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

Fee Required? Yes

Fee Amount: \$40.00

Retaliatory? No

Fee Explanation: 2 forms at \$20 each

\$0 retaliatory fee

for a total of \$40.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Mutual of America Life Insurance Company \$40.00 08/08/2008 21857119

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

## **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/12/2008	08/12/2008

SERFF Tracking Number: MALI-125746708 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

## **Disposition**

Disposition Date: 08/12/2008

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

Item Type	Item Name	Item Status	<b>Public Access</b>
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Individual Annuity (Non-IRA) Application		Yes
Form	IRA Application		Yes

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

#### Form Schedule

Lead Form Number: IND-ANN-APP-2008(AR)

Review Status	Form Number	Form Type Form Name		Action	Action Specific Data	Readability	Attachment
	IND-ANN- APP- 2008(AR)	Application/Individual Annu Enrollment (Non-IRA) Form Application	uity	Initial		61	IND-ANN-APP-2008(AR).pdf Description of Illustrative and Variable Language for IND-ANN-APP-2008(AR).pdf
	IRA-APP- 2008(AR)	Application/IRA Application Enrollment Form	n	Initial		56	IRA-APP- 2008(AR).pdf Description of Illustrative and Variable Language for IRA-APP- 2008(AR).pdf

# MUTUAL OF AMERICA LIFE INSURANCE COMPANY [320 PARK AVENUE NEW YORK NY 10022-6839 • 800 468 3785] [www.mutualofamerica.com]

## Individual Annuity (Non-IRA) APPLICATION

		OF ANNUITY	CONTRACT (			· · · · · · · · · · · · · · · · · · ·	
Flexible Premium Deferming	* *		- constant		-	erred Compensation P	lan
457(f) Ineligible Tax-Exe				r Nonqualified De	ferred Co	mpensation Plan	
ANNUTANTE MANE		ANNUITANT'	S INFORMAT	FION ANNUITANT'S TELEPHON	EMUMBER		
ANNUITANT'S NAME	[John Doo]					[111 222 114	111
	[John Doe]			WORK [111-111-1		номе [111-222-111	
ANNUITANT'S ADDRESS	City	Anutour	State	Zip Code	ANNUITANT	"S SOCIAL SECURITY NUMBER	
[123 Main Street	·	Anytown	AR			[123-45-6789]	
DATE OF BIRTH	INITIAL CONTRIBUTION	DISTRIBUTION #	CONTRIBUTION M		. DEDLICE		
[1/ 1 / 73] FEMALE	\$ [500]	1937	X DIRECT PAY		L DEDUCTIO	DN [	
OWNER'S NAME	OWNER'S INFO	RMATION (Co	omplete if Own	owner's telephone N			
OWNER'S NAME				OWNER'S TELEPHONE N	UMBER	1	
				WORK	Г	НОМЕ	
OWNER'S ADDRESS	City		State	Zip Code	OWNER'S TA	X OR SOCIAL SECURITY NUMI	BER
	EMPLOYER'S IN	NFORMATIO	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		iction)	OSSESSED SELECT	ratya jele
EMPLOYER'S NAME			-	EMPLOYER NUMBER		EMPLOYER'S TELEPHONE NU	MBER
		serim lea					
2 K - 457 4 - 1 C - 1			INFORMATI		La constant	(4) (4) (4) (4) (4) (4) (4) (4)	
• If a 457 or other deferred co						. [1 . 38]	
First of month that annuity p	payments are to begin	(the Owner ma	ay change this da	ate at any time by a	dvance no	tice) $\frac{[1]}{(MONTH)} \frac{[38]}{(YEAR)}$ (opt	ional)
· Do you have any existing in	nsurance policies or c	contracts?				(	
Yes No If t	the answer is "Yes," p	lease provide t	he following for	the policy being i	replaced o	r changed:	
Company	1 2 37.	(	Contract Numbe	er		Amount \$	
	e de como de decembra de AT.		OF CONTRIBU				
						C 1 II 1 1	,
Show the percentage of your only, and make sure the percent							
applicable to that account. You	ur balance in any inv	estment fund w	ill fluctuate to re	ecognize investmer	it results.	ine rate of interest cu	remy
INTEREST ACCOUNT			INVESTM	ENT FUNDS			Laure
MUTUAL OF AMERICA -	(B) (B) (B) (B)		OF AMERICA	65161000	183	FIDELITY®	-
Interest Accumulation Moderate [50] % Fu	oney Market nd [50]	% All America Fund	%	2015 Retirement Fund	%	VIP Asset Manager Fund	%
Mi	d-Term nd Fund	Small Cap Walue Fund	%	2020			70
Bo	nd	Small Cap		2025	%	VIP Mid Cap Fund	%
Fu	mposite	% Growth Fund Mid Cap Val	lue	Retirement Fund	%		
INVESTMENT FUNDS Fu	nd nservative	% Fund Mid-Cap Eq	uity %	2030 Retirement Fund	%	VIP Equity-Income Fund	%
OPPENHEIMER AI	location Fund	% Index Fund International	%	2035		VIP	
Fund®/VA % All	oderate location Fund	% Fund	%	Retirement Fund 2040	%	Contrafund®	%
CALVERT	gressive location Fund	% Retirement I % Fund	ncome %	Retirement Fund	%	VANGUARD	Bellow
	uity Index	2010 Retirement F		7 2045	%	Diversified Value Fund	
AMERICAN CENTURY	iid	7n I Remement I	DWS			value rund	%

Capital Growth Fund

International

Fund

%

International

Fund

AMERICAN CENTURY
VP Capital
Appreciation Fund

Bond

% Fund

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

	BENEFICIARY	DESIGNATIO	NS	· 海 ·	
PRIMARY BENEFICIARY OR BENEFICIAL					
I, the Owner, name the following person or perso	ns as my beneficia	ry or beneficiar	ries.		
FULL NAME First Initial Last  [Jane A. [	)ool	FULL NAME First		Initial Last	
	Doe]	L D D D E G G G G G G G G G G G G G G G G			
ADDRESS Street [123 Main Street]		ADDRESS Street			
City State [Anytown AR	Zip Code 12345]	City		State	Zip Code
BENEFIT PERCENT   DATE OF BIRTH (Optional)   SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
SECONDARY BENEFICIARY OR BENEFIC					
If none of the persons named above are living wh	ien a payment is to	7			eive the payment.
FULL NAME First Initial Last		FULL NAME First		Initial Last	
ADDRESS Street		ADDRESS Street			
City State	Zip Code	City		State	Zip Code
BENEFIT PERCENT DATE OF BIRTH (Optional)  % / / SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP
India II I Resultante II de la Companya de la Compa	STATEMENT A	ND SIGNATU	RE		
I, the Owner, acknowledge that: (a) I have received and (c) I am familiar with the objectives of the In as part of this application is subject to the conditi	d a copy of the currence truestment Funds. I	ent Prospectus; understand that	(b) I have read any election		
I UNDERSTAND THAT: (A) ANY AMOUNTS F AT THE RATES DETERMINED BY MUTUAL ARE NOT GUARANTEED AS TO FIXED DOL THE FUNDS' INVESTMENT RESULTS.	OF AMERICA; AN	ND (B) ANY Al	MOUNTS PI	ACED IN THE INVES	TMENT FUNDS
All statements in this application are true and con part of any contract issued based upon this applic		f my knowledge	and belief. I	agree that this applicat	ion will become a
I have determined that the annuity contract applie	ed for above is suita	ble to: (a) my i	nvestment ob	jectives; and (b) my fin	ancial situation.
An initial contribution of \$ [500] by Mutual of America if a contract based upon the	is submitted w	ith this applicati		and that this contributio	
Signed aton	[7/23	08]	LJo	An Dol ]	- 3
Countersigned William Age	Month/Day)	(Year)		Signature of Owner	
Licensed Agent		//	Signatu	re of Annuitant (if other than Owner)	
CONSULTANT'S REPORT To the best of your knowledge is the contract applie	ed for intended to re	place any insura	nce or annuity	y in force in this or any o	other company?

Yes No If "Yes," give company name:\_

## MUTUAL OF AMERICA

320 PARK AVENUE NEW YORK NY 10022-6839 212 224 1600 212 224 2500 FAX

#### DESCRIPTION OF ILLUSTRATIVE AND VARIABLE LANGUAGE FOR IND-ANN-APP-2008(AR)

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

- 1. The Company's address, telephone number and website are bracketed to permit any changes that may occur to this information in future new issues of the application
- 2. The John Doe information is bracketed to reflect the specific information of the applicant.
- 3. The available funds of the Separate Account are bracketed to allow for future changes to the investment funds.
- 4. The edition date is bracketed to permit any future editions of this form.
- 5. The John Doe information is bracketed to reflect the specific information for the beneficiary or beneficiaries.
- 6. Signature of Agent (consultant) and consultant's report are bracketed to reflect specific information with respect to specific applicant.

MUTUAL	OF AMER	ICA LIFE	INSURAN	CE (	COMPANY
<b>1320 PARK</b>	AVENUE NEW	YORK NY	10022-6839	• 800	468 37857
_			nerica.comT		-

## Individual Annuity (Non-IRA) APPLICATION

Superior	Flexible Premium I				(Choose one)			
ANNUTANT'S INFORMATION    John Doe				40000004				n Pl
SAME   STREET PROSE NUMBER   SAME					*			
Anytown AR 2p Cole Anytown AR 12345] [123-45-6789]  ANYTHE OF BIRTH  I/ / 1 / 73] ALL  FEMALE  INTIAL CONTRIBUTION  OWNER'S INFORMATION (Complete if Owner is not the Annutiant)  OWNER'S INFORMATION (Complete if Owner is not the Annutiant)  OWNER'S TAX OR SOCIAL SECURITY NUMBER  OWNER'S OWNER'S TOWNER'S TOWNE	ANNUITANT'S NAME		AMMOTIANT	S IN OKM		ONE NUMBER		
123 Main Street		[John Doe	e]		WORK [111-111-	1111]	номе [111-222-	111
INTERL CONTRIBUTION    ALLO CATION OF CONTRIBUTIONS   CONTRIBUTION   CONTRIBUTION	ANNUITANT'S ADDRESS		City	State	Zip Code	ANNUITANT'	S SOCIAL SECURITY NUN	1BER
OWNER'S NAME  OWNER'S INFORMATION (Complete if Owner is not the Annuitant)  OWNER'S INFORMATION (Complete if Owner is not the Annuitant)  OWNER'S TELEPHONE NUMBER  WORK  HOME  OWNER'S TAX OR SOCIAL SECURITY NUMBER  WORK  FEMPLOYER'S INFORMATION (Complete only if payroll deduction)  EMPLOYER'S NAME   EMPLOYER'S INFORMATION (Complete only if payroll deduction)  OWNER'S TAX OR SOCIAL SECURITY NUMBER  EMPLOYER'S TELEPHONE NUMBER  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  Owner's TAX OR SOCIAL SECURITY NUMBER  EMPLOYER'S TELEPHONE NUMBER  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  Owner's TAX OR SOCIAL SECURITY NUMBER  EMPLOYER'S TELEPHONE NUMBER  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  Owner's TAX OR SOCIAL SECURITY NUMBER  EMPLOYER'S TELEPHONE NUMBER  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin the interest account and/or investment funds. Use whole number of the interest account will be credited with the rate of interest cus ophicable to that account. Your balance in any investment fund will fluctuate to recognize investment funds. Use whole number of the interest account wil	[123 Main Street		Anytown	Al	R 12345]		[123-45-6789]	
OWNER'S TELEPHONE NUMBER  TOWNER'S ADDRESS  City  Sume  Towner'S ADDRESS  City  Sume  Towner'S TALEPHONE NUMBER  TOWNER'S TALEPHO		* [500]	1937	DIRECT PA	AYMENT PAYRO		N 🗆	
EMPLOYER'S INFORMATION (Complete only if payroll deduction)  EMPLOYER'S TAX OR SOCIAL SECURITY NUMBER  EMPLOYER'S TELEPHONE NU  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  [1] / 38]  Do you have any existing insurance policies or contracts?  [2] Yes [2] No If the answer is "Yes," please provide the following for the policy being replaced or changed:  Company	OWNER'S NAME	OWNER'S I	NFORMATION (C	omplete if Ow				
EMPLOYER'S INFORMATION (Complete only if payroll deduction)  EMPLOYER'S INFORMATION (Complete only if payroll deduction)  EMPLOYER'S INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  Open any existing insurance policies or contracts?  If the answer is "Yes," please provide the following for the policy being replaced or changed:  Company  ALLOCATION OF CONTRIBUTIONS  how the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole nutly, and make sure the percentages total 100%. Amounts you place in the interest account will be credited with the rate of interest cuplicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.  INTEREST YCOLNT  WITHEAST YCOLNT  INTERST YCOLNT  Money Market Fund  Money	OWNER S NAME					HOMBER		
EMPLOYER'S INFORMATION (Complete only if payroll deduction)  EMPLOYER'S NAME  CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice)  Do you have any existing insurance policies or contracts?  Wes Wo If the answer is "Yes," please provide the following for the policy being replaced or changed:  Company  Contract Number  Amount S  ALLOCATION OF CONTRIBUTIONS  how the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole nurely, and make sure the percentages total 100%. Amounts you place in the interest account will be credited with the rate of interest cumplicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.  NIERESTACCOUNT  MUTUAL OF AMERICA  THERESTACCOUNT  MUTUAL OF AMERICA  Money Market Fund  Money M	OWNED'S ADDRESS	Cir	The contract of the contract o	State		OWNER'S TAY	1	TIME
CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice) [1/38] (opt Do you have any existing insurance policies or contracts?    Yes     No	OWNER 5 ADDRESS	Ch	y	State	Zip Code	OWNER S IAM	OR SOCIAL SECURITI N	ONE
CONTRACT INFORMATION  If a 457 or other deferred compensation plan, the Owner must be the Employer or Trustee.  First of month that annuity payments are to begin (the Owner may change this date at any time by advance notice) [1/38] (opt Do you have any existing insurance policies or contracts?    Yes     No		EMPLOYER	e's informatio	N (Complete o	only if payroll ded	luction)		
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ALLOCATION OF CONTRIBUTIONS  Those the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole number of the interest account will be credited with the rate of interest cumulation and investment fund will fluctuate to recognize investment results.    INTEREST ACCOUNT	- 77	-						
thow the percentage of your future contributions you want to place in the interest account and/or investment funds. Use whole number of the interest account will be credited with the rate of interest curve policable to that account. Your balance in any investment fund will fluctuate to recognize investment results.    INTEREST ACCOUNT	~ -1	If the diswer is		_			-	
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Composite Fund % Fund % 2030 Retirement Fund % OPPENHEIMER Allocation Fund % Index Fund % 2035 Retirement Fund % 2035 WIP Fund % 2035 WIP Fund % 2035 Retirement Fund % 2035 Retirement Fund % 2035 Retirement Fund % 2040 Contrafund® Cocial Balanced & Retirement Income Allocation Fund % Fund % 2045 Fund % Fund % Fund % Fund % Retirement Fund % Retirement Fund % Retirement Fund % Equity Index Fund % Retirement Fund % Retirement Fund % Retirement Fund % VANGUARD Fund % Retirement	Show the percentage of only, and make sure the percentage of the p	your future contributercentages total 100% int. Your balance in an Money Market Fund Mid-Term	ALLOCATION ( tions you want to place %. Amounts you place ny investment fund w.  MUTUAI [50] % All America Fund Small Cap	Contract Numb OF CONTRIB Ice in the interest in the interest ill fluctuate to INVESTAL OF AMERICA	utions est account and/or account will be correcognize investment Funds  2015 Retirement Fund 2020	investment redited with t ent results.	funds. Use whole the rate of interest  FIDELITY  VIP Asset Manager Fund	си
Conservative Allocation Fund 9/6 Index Fund 9/6 2035  Main Street 9/7 MA 9/6 Allocation Fund 9/7 Fund 9/7 End 9/7 Pund 9	Show the percentage of only, and make sure the pupplicable to that account INTEREST ACCOUNT MUTUAL OF AMERICA Interest Accumulation	your future contributercentages total 100% int. Your balance in an Money Market Fund Mid-Term Bond Fund Bond	ALLOCATION Of tions you want to place of the first of the	Contract Numb OF CONTRIB Ice in the interest in the interest ill fluctuate to INVESTAL OF AMERICA	est account and/or account will be creecognize investment FUNDS  2015 Retirement Fund 2020 Retirement Fund 2025	investment redited with the ent results.	funds. Use whole the rate of interest  VIP Asset Manager Fund  VIP Mid Cap	си
Main Street Fund®/VA  Moderate Allocation Fund  Moderate Allocation Fu	Show the percentage of only, and make sure the proposition of the prop	your future contributercentages total 100% at. Your balance in an Money Market Fund Mid-Term Bond Fund Bond Fund Composite	ALLOCATION ( tions you want to place to a mounts you place to a my investment fund w  MUTUAI  [50] % All America Fund Small Cap % Value Fund Small Cap % Growth Fune Mid Cap Val	Contract Numb  OF CONTRIB  In the interest of	est account and/or account will be correcognize investment Funds  2015 Retirement Fund 2020 Retirement Fund 2025 Retirement Fund	investment redited with tent results.	funds. Use whole the rate of interest  FIDELITY VIP Asset Manager Fund VIP Mid Cap Fund	си
CALVERT Aggressive Allocation Fund Social Balanced Fund Allocation Fund Fund AMERICAN CENTURY AMERICAN CENTU	Company Show the percentage of only, and make sure the percentage of the per	your future contributercentages total 100% at. Your balance in an Money Market Fund Mid-Term Bond Fund Bond Fund Composite Fund Conservative	ALLOCATION ( tions you want to place %. Amounts you place ny investment fund w.  MUTUAL  All America Fund Small Cap Value Fund Small Cap Growth Fune Mid Cap Val Fund Mid-Cap Eq Mid-Cap Eq	Contract Numb  OF CONTRIB  In the interest of	utions est account and/or account will be correcognize investment Funds  2015 Retirement Fund 2020 Retirement Fund 2025 Retirement Fund 2025 Retirement Fund 2030 Retirement Fund Retirement Fund	investment redited with tent results.	funds. Use whole the rate of interest  FIDELITY  VIP Asset Manager Fund  VIP Mid Cap Fund  VIP Equity-Income	си
Social Balanced Country Fund 6 Fund 7 Fund 8 Fund 9	Company  Show the percentage of only, and make sure the pupplicable to that account INTEREST ACCOUNT MUTUAL OF AMERICA nterest Accumulation Account [50]  INVESTMENT FUNDS  OPPENHEIMER  Main Street	your future contributercentages total 100% and. Your balance in an Money Market Fund Mid-Term Bond Fund Composite Fund Conservative Allocation Fund Moderate	ALLOCATION ( tions you want to place the state of the sta	Contract Numb  OF CONTRIB  In the interest of	est account and/or account will be en recognize investment Funds  2015 Retirement Fund 2020 Retirement Fund 2025 Retirement Fund 2030 Retirement Fund 2030 Retirement Fund 2035 Retirement Fund	investment redited with tent results.	funds. Use whole the rate of interest  FIDELITY VIP Asset Manager Fund VIP Mid Cap Fund VIP Equity-Income Fund VIP	си
AMERICAN CENTURY  Property of Fund	Company  Show the percentage of only, and make sure the proplicable to that account INTEREST ACCOUNT MUTUAL OF AMERICA nterest Accumulation Account [50]  INVESTMENT FUNDS  OPPENHEIMER  Main Street Fund®/VA	your future contributercentages total 100% at. Your balance in an Money Market Fund Mid-Term Bond Fund Bond Fund Composite Fund Conservative Allocation Fund Moderate Allocation Fund Aggressive	ALLOCATION ( tions you want to place of the	Contract Numb  OF CONTRIB  In the interest of	est account and/or account will be or recognize investment Funds  2015 Retirement Fund 2020 Retirement Fund 2025 Retirement Fund 2030 Retirement Fund 2030 Retirement Fund 2035 Retirement Fund 2035 Retirement Fund 2040 Retirement Fund 2040	investment redited with tent results.  % % %	funds. Use whole the rate of interest  FIDELITY VIP Asset Manager Fund VIP Mid Cap Fund VIP Equity-Income Fund VIP Contrafund®	СИЛ
/P Capital Road Capital Growth International International	Company  Show the percentage of only, and make sure the proposition of	your future contributer cerentages total 100% and. Your balance in an	ALLOCATION ( tions you want to place to	Contract Numb  OF CONTRIB  In the interest of	est account and/or account will be correcognize investment Funds  2015 Retirement Fund 2025 Retirement Fund 2025 Retirement Fund 2035 Retirement Fund 2035 Retirement Fund 2035 Retirement Fund 2040 Retirement Fund 2045	investment redited with tent results.  % % % % %	funds. Use whole the rate of interest  FIDELITY VIP Asset Manager Fund VIP Mid Cap Fund VIP Equity-Income Fund VIP Contrafund® VANGUAR	Cur
Appreciation Fund % Fund % Fund % Fund % Fund	Company  Show the percentage of only, and make sure the percentage of the perc	your future contributer cerentages total 100% and. Your balance in an	ALLOCATION ( tions you want to place to	Contract Numb  OF CONTRIB  In the interest in the interest ill fluctuate to the interest ill flu	est account and/or account will be correcognize investment Funds  2015 Retirement Fund 2025 Retirement Fund 2025 Retirement Fund 2035 Retirement Fund 2035 Retirement Fund 2035 Retirement Fund 2040 Retirement Fund 2045	investment redited with tent results.  % % % % % %	funds. Use whole the rate of interest  FIDELITY VIP Asset Manager Fund VIP Mid Cap Fund VIP Equity-Income Fund VIP Contrafund®  VANGUAR Diversified Value Fund	CUI

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

THE REPORT OF THE PARTY OF THE	de ranco region de A	BENEFICIARY	DESIGNATIO	ONS	THE RESERVED IN THE RESERVED IN	
	ARY OR BENEFICIARI					
	ollowing person or persons	as my beneficia		ries.		
FULL NAME First [Jane	A. Last	e]	FULL NAME First		Initial Last	
ADDRESS Street			ADDRESS Street			
]	123 Main Street]					
City [Anytown		ip Code 2345]	City		State 2	Zip Code
BENEFIT PERCENT DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	[Wife]	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
	CIARY OR BENEFICIA	RIES				
	med above are living when		be made, the fo	ollowing pers	on or persons are to rece	ive the paymen
FULL NAME First	Initial Last		FULL NAME First		Initial Last	
ADDRESS Street			ADDRESS Street			
City	State Z	ip Code	City		State	Zip Code
BENEFIT PERCENT   DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
% / /		T. TEMENT	AND SIGNATU			
I, the Owner, acknowledge and (c) I am familiar with as part of this application I UNDERSTAND THAT: AT THE RATES DETER! ARE NOT GUARANTEE THE FUNDS' INVESTM	e that: (a) I have received a the objectives of the Inve- is subject to the conditions (A) ANY AMOUNTS PLA MINED BY MUTUAL OF ED AS TO FIXED DOLLA	copy of the curr stment Funds. I s and limitation ACED IN THE I AMERICA; A	rent Prospectus; understand that s set forth in the INTEREST ACO ND (B) ANY A	(b) I have rea any election Prospectus. CUMULATIO MOUNTS PI	or authorization made u  ON ACCOUNT WILL EA  LACED IN THE INVES	nder my contra ARN INTERES FMENT FUND
All statements in this appl part of any contract issued			f my knowledge	and belief. I	agree that this application	on will become
I have determined that the	annuity contract applied f	for above is suit	able to: (a) my i	nvestment ob	jectives; and (b) my fina	ncial situation.
An initial contribution of S by Mutual of America if a	[500] contract based upon this a	is submitted wapplication is no	rith this applicate issued.	ion. I underst	and that this contribution	will be refunde
Signed at	town/AR] on	[7/23	08]	Lo	In Doe I	
Countersigned	William Agent	(Month/Day)	(Year)	<u> </u>	Signature of Owner	
GONGLIAM: TIMES TO THE	Licensed Ageff			Signatu	re of Annuitant (if other than Owner)	
CONSULTANT'S REPO		C 1 . 1 .	1 .			
	edge is the contract applied to s," give company name:	for intended to re	epiace any insura	nce or annuity	y in force in this or any ot	ner company?

MUTUAL OF AMERICA LIFE INSURANCE COMPANY 320 PARK AVENUE NEW YORK NY 10022-6839 • 800 468 3785 www.mutualofamerica.com
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## IRA APPLICATION

	TYPE O	FANNUITY CO	ONTRACT (C	hoose one)		· 在 三层 图 和 图 2 图 2 图 2 图 2 图 2 图 2 图 2 图 2 图 2	
Traditional IRA	☐ ROTH IRA			oloyee Pension (S			
Savings Incentive Ma	tch Plan for Employees (S	SIMPLE) IRA	Other I	RA:			
NAME	OWN	ER/ANNUITA!		ATION ELEPHONE NUMBER	AT SOME	(A) A A A A A A A A A A A A A A A A A A	316
NAME	[John Doe]			ORK [111-111-11	111	номе [111-222-1111	1
ADDRESS	City		State	Zip Code	SOCIAL SECU	URITY NUMBER	-
[123 Main Street	Anyto			12345] DD X DIRECT PA	[123-45-6	0709]	
[1 1 70]	(ALE   \$ [500]	1937	NATION METH			(mandatory for SEP or SIMPL)	E)
- / / -	OYER'S INFORMATION	ON (Complete o	nly if SEP, SII				
EMPLOYER'S NAME				PLOYER NUMBER		EMPLOYER'S TELEPHONE NUM	MBER
	EMPLOYEE'S IN	FORMATION (	Complete onl	v if SEP or SIM	PLE)		
DATE EMPLOYEE HIRED	EMPLOYEE'S DEPARTMENT # (option		PLOYEE'S SALARY R			SEMIMONTHLY WEE	KLY
1 1		\$_		_ MON	THLY	BIWEEKLY	
For a SIMPLE IRA enter	the Eligibility Date for En	mployer Contribu	utions: Month	Day	Ye	ear	
For SIMPLE, Eligibility I	Date for Employer Contrib	outions is first da	y of calendar y	year following co	mpletion	of Eligibility requirem	ents.
	SOURCE	OF FUNDS (C	Complete only	if rollover)			
From: a Tradition	nal IRA 🔲 a ROTH I	RA a SI	MPLE IRA in	force less than 2	years		
From an eligible empl	oyer retirement plan*.						
From a retirement plan plan*. The individual	death benefit paid to me was was was not was	as beneficiary of my spouse.	an individual	who participated i	n an eligib	ole employer retiremen	t
Are any of the funds from	a "Designated ROTH Ac	count" under an	eligible emplo	yer retirement pla	an*?		
	Amount \$	-	30.3				
*Eligible employer retirer compensation arrangeme		s (including 401	(k) plans), 403	(b) arrangements	and gove	rnmental 457(b) defer	rred
ENGLISH THE RESERVE		CONTRACT I	NFORMATIO	N			
• First of month annuity pa	syments are to begin (the C	wner may chang	e this date at a	ny time by advanc	e notice)	$\frac{[1]{MONTH}}{MONTH}$ / $\frac{38]}{(YEAR)}$ (option	nal)
• Is the contract requested	by this application intend	led to replace or	change any in	surance or annuit	4		
Yes XNo	If the answer is "Yes," plo		_			_	
Company						Amount \$	
Show the percentage of yo only, and make sure the per applicable to that account.	ur future contributions yo centages total 100%. Amo	unts you place in	in the interest	account and/or in	lited with	funds. Use whole nur the rate of interest cur	mbers rently
INTEREST ACCOUNT			INVESTME	NT FUNDS			
MUTUAL OF AMERICA Interest Accumulation	Money Market	All America	FAMERICA	2015		FIDELITY®	
Account [50] %	Fund [50] %	6 Fund Small Cap	%	Retirement Fund 2020	%	VIP Asset Manager Fund	%
	Bond Fund %		%	Retirement Fund	%	VIP Mid Cap	
	Fund % Composite	6 Growth Fund Mid Cap Value	%	2025 Retirement Fund	%	Fund	%
INVESTMENT FUNDS		6 Fund Mid-Cap Equity	%	2030 Retirement Fund	%	VIP Equity-Income Fund	%
OPPENHEIMER Main Street	Allocation Fund 9 Moderate		%	2035 Retirement Fund	%	VIP	
Main Street Fund®/VA %	Allocation Fund % Aggressive	6 Fund Retirement Inco	me %	2040		Contrafund <sup>®</sup>	%
CALVERT Social Balanced	Allocation Fund % Equity Index	6 Fund 2010	%	Retirement Fund 2045	%	VANGUARD Diversified	
Fund %  AMERICAN CENTURY	Fund %			Retirement Fund	%	Value Fund	%
VP Capital Appreciation Fund %	Bond Fund %	Capital Growth		International Fund	%	International Fund	%
	7	o i tunu	70	1 uilu	70		

FULL NAME First

PRIMARY BENEFICIARY OR BENEFICIARIES

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner, may name and change the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS

FULL NAME First

Initial

[Ja	ne	A.	Do	e]				
ADDRESS Street	[12	23 Main Stre	etl		ADDRESS Street			
City	[			ip Code	City		State Z	ip Code
	[ Anytown			2345]				
BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURIT		RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
[100]%	- / /			[Wife]	%	/ /		
SECONDARY					he made the f	ollowing pers	on or persons are to rece	ive the navment
FULL NAME First	persons nam	Initial Last	nving when	a payment is to	FULL NAME First	onowing pers	Initial Last	ive the payment
ADDRESS Street					ADDRESS Street			
City			State Z	ip Code	City		State 2	Cip Code
BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURIT	Y # (Optional)	RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
		LUS LOS ISANS	S	TATEMENT A	ND SIGNATI	RE		
and (c) I am fa as part of this a If this is a RO	miliar with tapplication is	the objectives s subject to th tract, I unders	of the Investe conditions tand that I	stment Funds. It is and limitations may not roll over	understand that set forth in the contributions	any election Prospectus. or transfer ar	d the Prospectus and under or authorization made un mounts from existing ann	nder my contrac
If this is a SIM	PLE IRA co	ntract, I unde	rstand that I		er contributions	or transfer a	mounts from existing ann	
I UNDERSTAN AT THE RATE	ND THAT: (. S DETERM ARANTEEI	A) ANY AMO IINED BY M O AS TO FIXI	OUNTS PLA UTUAL OF ED DOLLA	ACED IN THE IN AMERICA; AN	NTEREST ACO	CUMULATIO MOUNTS PI	A(P)(1) of the Internal Re ON ACCOUNT WILL EA LACED IN THE INVEST DECREASE IN VALUE	ARN INTEREST
All statements part of any con					my knowledge	e and belief. I	agree that this application	n will become
Any person wh an application	o knowingly for insurance	presents a fa	lse or fraudi	alent claim for pa may be subject t	ayment of a los	s or benefit on finement in	or knowingly presents fals prison.	e information i
An initial contr by Mutual of A			l upon this a	is submitted wi application is not	th this applicat issued.	ion. I underst	and that this contribution	will be refunde
Signed at		[Anytow			on	L	7/23	,08]
Countersigned	[9	Villiam (City/	Agent sed Avent	I		[John I	onth/Day)	(Year)
			seu Agent			Signature	e of Employee/Owner/Annuitant	
To the best of y	your knowled				place any insura	ance or annuity	y in force in this or any otl	ner company?

## MUTUAL OF AMERICA

320 PARK AVENUE NEW YORK NY 10022-6839 212 224 1600 212 224 2500 FAX

#### DESCRIPTION OF ILLUSTRATIVE AND VARIABLE LANGUAGE FOR IRA-APP-2008(AR)

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

- 1. The Company's address, telephone number and website are bracketed to permit any changes that may occur to this information in future new issues of the application.
- 2. The John Doe information is bracketed to reflect the specific information of the applicant.
- 3. The available funds of the Separate Account are bracketed to allow for future changes to the investment funds.
- 4. The edition date is bracketed to permit any future editions of this form.
- 5. The John Doe information is bracketed to reflect the specific information for the beneficiary or beneficiaries.
- 6. Signature of Agent (consultant) and consultant's report are bracketed to reflect specific information with respect to specific applicant.

1	MUTUAL OF AMER 230 PARK AVENUE NEW TWWW.	ICA LIFE INSURANC VYORK NY 10022-6839 Mutualofamerica.com	800 468 3785		IRA API	PLICA	TION	
	Traditional IRA  Savings Incentive M	ROTH IRA	SIMPLE) IRA	Simplified Em	iployee Pension (S IRA:	SEP) IRA		
	NAME OF THE PARTY	OWN	NER/ANNUITA		TELEPHONE NUMBER			
	NAME	[John Doe]			VORK [111-111-11		HOME [111-222-111	1]
(9)	[123 Main Street	City Anyt	own	AF	R 12345]	[123-45-		
O	DATE OF BIRTH  [1/ 1 / 73] FEI	INITIAL CONTRIBUTION  MALE \$ [500]	1937	ONTRIBUTION MET	DIRECT PAPAYROLL D		(mandatory for SEP or SIMF	PLE)
	EMPL	OYER'S INFORMATI	ON (Complete o			l deducti		MARCH ST
	EMPLOYER'S NAME			E	MPLOYER NUMBER		EMPLOYER'S TELEPHONE N	UMBER
		EMPLOYEE'S IN	FORMATION	(Complete on	ly if SEP or SIM	PLE)		
	DATE EMPLOYEE HIRED	EMPLOYEE'S DEPARTMENT # (option	onal) EN	MPLOYEE'S SALARY	ANN	TUAL THLY	SEMIMONTHLY WE BIWEEKLY	EKLY
		r the Eligibility Date for E	mployer Contrib					
	For SIMPLE, Eligibility	Date for Employer Contri	butions is first da E OF FUNDS (O			mpletion	of Eligibility require	ments.
	From: a Tradition				force less than 2	vears		
		ployer retirement plan*.				,		
	From a retirement pla plan*. The individua	n death benefit paid to me l was was not	as beneficiary of my spouse.	f an individual	who participated i	n an eligi	ble employer retireme	ent
		m a "Designated ROTH A	ecount" under an	eligible empl	oyer retirement pla	an*?		
	*Eligible employer retire compensation arrangem	ement plans are 401(a) planents.	ns (including 401	(k) plans), 40	3(b) arrangements	and gove	ernmental 457(b) defe	erred
	Manual Control of the	(1) 11 (1) (1) (1) (1) (1) (1) (1) (1) (	CONTRACT I	NFORMATIO	ON		in the state of the state of	0.978
	First of month annuity p					(	(MONTH) (YEAR)	onal)
	• Is the contract requested  Yes XNo	d by this application inten- If the answer is "Yes," pl						
	Company	,		ntract Number		1	Amount \$	
	CM BURBLE STATE OF STATE OF	ALI	OCATION OF	CONTRIBU	TIONS	The Contract of the Contract o	<b>经产品基础不要的的</b>	\$ SHOW
	Show the percentage of you only, and make sure the per applicable to that account.	rcentages total 100%. Amo	unts you place in	the interest a	ccount will be crea	lited with	funds. Use whole no the rate of interest cu	ambers errently
	INTEREST ACCOUNT		MUTUAL O	INVESTME FAMERICA	NT FUNDS		FIDELITY®	SPACE.
	Interest Accumulation Account [50] %	Money Market Fund [50]	All America Fund	%	2015 Retirement Fund	%	VIP Asset Manager Fund	
		Mid-Term Bond Fund	Small Cap Value Fund	%	2020 Retirement Fund	%	VIP Mid Cap	%
		Bond Fund Composite	Small Cap Growth Fund Mid Cap Value	%	2025 Retirement Fund	%	Fund	%
	INVESTMENT FUNDS	Fund Conservative	6 Fund Mid-Cap Equity	%	2030 Retirement Fund	%	VIP Equity-Income Fund	%
3)	Main Street Fund®/VA %	Moderate	Index Fund International Fund	%	2035 Retirement Fund	%	VIP Contrafund®	%
- 1	CALVERT Social Balanced	Aggressive Allocation Fund	Retirement Inco		2040 Retirement Fund 2045	%	VANGUARD	
1	Fund %  AMERICAN CENTURY	Equity Index Fund	2010 Retirement Fund		Retirement Fund	%	Diversified Value Fund	%
	VP Capital	Bond Fund	Capital Growth	vs %	International Fund	%	International Fund	%
- 1	L	I A MANUE	v j i unu	/0	A SALILA	/0		



Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner, may name and change the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

HER BEST OF	Auto Service		В	ENEFICIARY	DESIGNATION	ONS		30 4 30 H S - SH
		RY OR BENE	FICIARII	ES				
	name the foll	<u> </u>	or persons	as my beneficia	<del>-</del>		* 12.1	
FULL NAME First	ane	Initial Last A.	Doe	e]	FULL NAME First		Initial Last	
ADDRESS Street					ADDRESS Street			
	[12	23 Main Stree	t]					
City		*	State Zi	p Code	City		State Z	ip Code
	[ Anytown		AR 1	2345]				
BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY	# (Optional)	RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
[100]%	/ /			[Wife]	%	/ /		
SECONDARY BENEFICIARY OR BENEFICIARIES  If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.								
FULL NAME First		Initial Last			FULL NAME First		Initial Last	
ADDRESS Street					ADDRESS Street			
City			State Zi	p Code	City		State Z	ip Code
BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY	# (Optional)	RELATIONSHIP	BENEFIT PERCENT	DATE OF BIRTH (Optional)	SOCIAL SECURITY # (Optional)	RELATIONSHIP
%	/ /				%	/ /		
548.545.55			S	TATEMENT A	ND SIGNATI	RF		· · · · · · · · · · · · · · · · · · ·
I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.								
If this is a ROTH IRA contract, I understand that I may not roll over contributions or transfer amounts from existing annuity contracts or IRA-type arrangements other than as described in Section 408A(c) of the Internal Revenue Code.								
If this is a SIMPLE IRA contract, I understand that I may not roll over contributions or transfer amounts from existing annuity contracts or IRA arrangements other than from another SIMPLE IRA arrangement described in Section 408A(P)(1) of the Internal Revenue Code.								
I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.								
All statements in this application are true and complete to the best of my knowledge and belief. I agree that this application will become a part of any contract issued based upon this application.								
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.								
An initial cont by Mutual of A	ribution of \$ _America if a c	[500] contract based t	apon this a	is submitted wir	th this applicat issued.	ion. I understa	and that this contribution	will be refunded
Signed at		[Anytown			on		7/23	.,
Countersigned	[9/	Illian /	Agent .	I		[John D	onth/Day)	(Year)
		Licensed	Agent			Signature	of Employee/Owner/Annuitant	
CONSULTA								
To the best of	your knowled	ge is the contrac	ct applied for	or intended to rep	lace any insura	ince or annuity	in force in this or any oth	er company?

Yes X No

If "Yes," give company name:

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

#### **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: MALI-125746708 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 39884

Company Tracking Number: IND-ANN-APP-2008(AR)

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium

Variable and Variable

Product Name: IND-ANN-APP-2008(AR) and IRA-APP-2008(AR)
Project Name/Number: IRA-ANN-APP-2008(AR) and IRA-APP-2008(AR)

### **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Certification/Notice 07/24/2008

Comments:

This submission consists of individual annuity applications. We believe Rule & Regulation 19, Rule & Regulation 49, ACA 23-79-138, and Bulletin 11-88 do not apply to this submission.

Attachment:

Readability Certification.pdf

**Review Status:** 

Bypassed -Name: Application 07/24/2008

**Bypass Reason:** Not applicable - The forms being submitted are individual annuity application forms.

Comments:

**Review Status:** 

Bypassed -Name: Life & Annuity - Acturial Memo 07/24/2008

Bypass Reason: Not applicable. This filing is submitting application forms only.

Comments:

## MUTUAL OF AMERICA

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#### **CERTIFICATION**

This is to certify that the attached form(s) as described below has (have) achieved a Flesch Reading Ease Score as noted for the form(s) below and complies with the requirements of Ark. Stat. Ann. S66-3251 through S66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

Form No.	Form Description	Flesch Score	How Scored
IRA-ANN-APP-	Application	60.983	Entire Form
2008(AR)			
IRA-APP-2008(AI	R) Application	55.829	Entire Form

DATE: 7/21/2008

Manager

State Compliance & Government Regulations

0751 a--5

**ARKANSAS**